

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA

CHARLES Simmons

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

PETER S. TRENT, MD

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Complaint for a Civil Case

Case No. _____
(to be filled in by the Clerk's Office)

Jury Trial: ☒ Yes ☐ No
(check one)

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I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>CHARLES SIMMONS</u>
Street Address	<u>1318 HARDEN ST</u>
City and County	<u>COLUMBIA S.C. RICHLAND CO.</u>
State and Zip Code	<u>COLUMBIA S.C. 29204</u>
Telephone Number	<u>804-986-9237</u>

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	<u>PETER SHELDON TRENT</u>
Job or Title (if known)	<u>DOCTOR</u>
Street Address	<u>16 N. LAPLATA CT</u>
City and County	<u>LAPLATA CHARLES CO.</u>
State and Zip Code	<u>MARYLAND - 20646</u>
Telephone Number	<u>(301) 392-3330</u>

Defendant No. 2

Name	_____
Job or Title (if known)	_____
Street Address	_____
City and County	_____
State and Zip Code	_____
Telephone Number	_____

Defendant No. 3

Name	_____
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Job or Title _____
 (if known) _____
 Street Address _____
 City and County _____
 State and Zip Code _____
 Telephone Number _____

Defendant No. 4

Name _____
 Job or Title _____
 (if known) _____
 Street Address _____
 City and County _____
 State and Zip Code _____
 Telephone Number _____

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☐ Federal question

☒ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

28 U.S.C. § 1332 Diversity of
CITIZENSHIP

B. If the Basis for Jurisdiction Is Diversity of Citizenship

1. The Plaintiff(s)

a. If the plaintiff is an individual

The plaintiff, (name) CHARLES SIMMONS is a citizen of the State of (name) SOUTH CAROLINA

b. If the plaintiff is a corporation

The plaintiff, (name) _____, is incorporated under the laws of the State of (name) _____, and has its principal place of business in the State of (name) _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)

a. If the defendant is an individual

The defendant, (name) PETER TRENT, is a citizen of the State of (name) MARYLAND. Or is a citizen of (foreign nation) _____.

b. If the defendant is a corporation

The defendant, (name) _____, is incorporated under the laws of the State of (name) _____, and has its principal place of business in the State of (name) _____. Or is incorporated under the laws of (foreign nation) _____, and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

150,000 TO 175,000
PAIN AND SUFFERING

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

THE PLAINTIFF, AN INTRAOPERATIVE FEMUR
FRACTURE AND BONE MALUNION, THE DEFENDANT
DESIGN A MIX AND MATCH OFF-LABEL MEDICAL DEVICE
ABANDON THE PLAINTIFF REQUIRING REVISION
SURGERY AT GEORGE WASH HOSP 4/29/2013

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

~~THE~~ INTRAOPERATIVE FEMUR
FRACTURE, LOOSENING AND DISLOCATION
OF THE ACETABULAR AND FEMORAL COMPONENTS.
2 CM SHORTENING IN LEG LENGTH, ARTHRITIS IN THE
LUMBAR SPINE, PERMANENT disability, PAIN AND SUFFERING
AND HEMORRHAGING

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 12/30, 2023

Signature of Plaintiff

Charles Simmons

Printed Name of Plaintiff

CHARLES SIMMONS

B. For Attorneys

Date of signing: _____, 20__.

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

Telephone Number

E-mail Address

STATEMENT OF CLAIM

1. NON DISCLOSURE OF MEDICAL ERROR

AN EGREGIOUS VIOLATION

§ 81-60 SECTION 81-60

2. NOT INFORM CONSENT

38 CFR § 17.32

3. ON 4/26/13 GEORGE WASH U HOSP

THE DEFENDANT DESIGN A MIX AND

MATCH FEMORAL COMPONENT THAT FAILED

THAT MIS CONNECTION CAUSING ADVERSE

EVENT REQUIRING REVISION SURGERY

4. FURTHER MORE, THE DEFENDANT

DESIGNED AN OFF-LABEL, MIX AND

MATCH, MISMATCH FEMORAL

COMPONENT. - SEC 520E OF THE

FDCA ACT. MEDICAL DEVICE

RELIEF

1. INTRAOPERATIVE FEMUR FRACTURE

2. MALUNION AT THE FEMUR MID-SHAFT

3. 2CM SHORT DISCREPANCY IN LEG LENGTH

LEFT UNTREATED-ARTHRITIS IN LUMBAR

SPINE. 4. F.S.F. Hemorrhagic,

3 THE AMOUNT IN CONTROVERSY

150,000 TO 175,000

PAIN AND SUFFERING

Charles Simmons

1318 HARDELL ST

Columbia S.C.

29204

(804) 986-9237

CHSimms7@gmail.com